Volenski, Dina

From:

Miracle, Meriah <mmiracle@co.humboldt.ca.us>

Sent:

Wednesday, February 20, 2019 9:16 AM

To:

Will, Gina

Cc: Subject: Miracle, Meriah

Attachments:

Meriah Miracle - Town of Paradise EOC - EMMA Request #4411 - Camp Fire reimbuirsement Camp Fire MOA - Town of Paradise, Humboldt County and Humboldt County Department of Health & Human Services.pdf; Meriah Miracle - EMMA Forms 1A and 1B - Request #4411 Camp Fire Nov 2018.pdf; Meriah Miracle - EMMA Form 4 Exit Survey.pdf; Meriah Miracle - EMMA Form 5 Individual Demobilization Checkout.pdf; Meriah Miracle - ICS 225 Position Performance Rating Form.pdf; Meriah Miracle - ICS 214s Nov 28-Dec 4, 2018.pdf; Meriah Miracle - Timecard Dec 2-15, 2018.pdf; Meriah Miracle - Timecard corrections - Nov 28-Dec 1 Camp Fire Mutual Aid.pdf; Miracle Direct Deposit receipt 12-2-18 to 12-15-18 - Redacted.pdf; Meriah Miracle - Expense Voucher Nov 28-Dec 4 2018.pdf; Meriah Miracle - Enterprise Rental Car Receipt 12-6-18.pdf; Meriah Miracle - Gas receipts - Butte County fire response Nov 28-Dec 4 2018.pdf; Meriah Miracle - Expense reimbursement check stub.pdf; Meriah Miracle - FEMA_Cost_Summary Worksheets.xlsx

Good morning,

Please see Camp Fire EMMA reimbursement paperwork for Meriah Miracle attached. I will mail the hard copies of the signed MOA today. Please let me know if you need any additional documentation from me.

Wishing you all the best,
Meriah Miracle
Public Education Officer
Humboldt County Department of Health & Human Services
707-441-5417

PRE/POST-EVENT AGREEMENT

MEMORANDUM OF AGREEMENT (MOA) BETWEEN <u>Humboldt County Department of Health & Human</u>

<u>Services</u> AND THE TOWN OF PARADISE PERTAINING TO ASSISTANCE PROVIDED UNDER THE

EMERGENCY MANAGEMENT MUTUAL AID (EMMA) PLAN

NOTE: Use of such an agreement does not guarantee state or federal reimbursement.

WHEREAS, this event and associated conditions will collectively be referred to as the Camp Fire; and

WHEREAS, on November 08, 2018, this declared emergency event consists of fire and damages associated with response; and

WHEREAS, the following extreme conditions existed including, unpredictable winds, low humidity and drought which aided the Camp Fire that has swept through the Town of Paradise killing at least 88 people, burning thousands of acres, and destroying thousands of homes and businesses, power poles, public buildings and infrastructure, public safety communications and telephone lines; and

WHEREAS, on November 08, 2018 the Federal Emergency Management Agency (FEMA) announced that federal disaster assistance has been made available to the state of California to supplement local response and recovery efforts in the areas affected by wildfires and the associated; and

WHEREAS, the Emergency Management Mutual Aid Plan delineates the current state policy concerning Emergency Management Mutual Aid; and

WHEREAS, the Emergency Management Mutual Aid Plan describes the standard procedures used to acquire emergency management mutual aid resources and the method to ensure coordination of emergency management mutual aid planning and readiness; and

WHEREAS, the city emergency manager is the Operational Area Emergency Management Mutual Aid Coordinator; and

WHEREAS, Emergency Management Mutual Aid Plan provides, in pertinent part, "When an emergency develops or appears to be developing which cannot be resolved by emergency management resources within an Operational Area, it is the responsibility of the Operational Area Mutual Aid Coordinator to provide assistance and coordination to control the problem;" and

WHEREAS, the Emergency Management Mutual Aid Plan provides, in pertinent part, "A request for emergency management mutual aid requires the approval of an authorized official of the requesting jurisdiction;" and

WHEREAS, the Emergency Operations Director of the Town of Paradise requested the mutual aid assistance of Humboldt County Department of Health & Human Services, pursuant to the Emergency Management Mutual Aid Plan to provide emergency management support in connection with the Camp Fire; and

WHEREAS, <u>Humboldt County Department of Health & Human Services</u> provided emergency management mutual aid consisting of emergency management personnel, equipment, and/or materials from November 28,

(Rev. 2/27/13)

1

2018 through December 4, 2018 to assist with emergency management services in connection with the Camp Fire; and

WHEREAS, <u>Humboldt County Department of Health & Human Services</u> agrees to document all of its mutual aid assistance costs related to the Camp Fire as attachments to this MOA and submit to the Town of Paradise as soon as practicable;

NOW, THEREFORE, IT IS HEREBY AGREED by and between the Town of Paradise and <u>Humboldt County</u>

<u>Department of Health & Human Services</u> that the Town of Paradise shall reimburse all reasonable costs associated with <u>Humboldt County Department of Health & Human Services</u> emergency management mutual aid assistance during the Camp Fire.

Providing Jurisdiction

(Signature)

Name: William F. Howsac

Title: SHERIFF

County: HUMBOLDT

Date: 2/6/19

Providing Agency (If different from Providing Jurisdiction)

(Signature)

Name: Connie Beelc

Title: Director

Agency: DHHS - Humboldt

Date:

Requesting Jurisdiction

By_____

Name: Lauren Gill
Title: EOC Director

City: Town of Paradise

Date:

DEFINITIONS

Authorized Official: A person with expressed authority by a legal governing body to request resources, authorize purchases, and/or enter into contracts on behalf of a Requesting or Providing Jurisdiction during an emergency.

EMMA Resource: A person with a combination of training, experience and credentials that would serve in an ICS position, either in the field or an EOC, or as a technical specialist during an emergency response.

Operational Area (OA): An intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county area.

Providing Agency/Jurisdiction: The government entity providing EMMA resources. The different levels of providing jurisdictions include providing local jurisdiction, providing OA and providing region.

Requesting Jurisdiction: The government entity requesting EMMA resources. The different levels of requesting jurisdictions include requesting local jurisdiction, requesting OA and requesting region.

EMMA

Incident: 2018-10-08 Camp Fire

Back

Add Response Print PDF

EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 4411

Incident Name: 2018 November Wildfires Request Date / Time: 11/26/2018 10:57:26

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Town of Paradise Name:

24 Hours Phone Number: 5308792340 EMMA Coordinator / Primary
Cy Cary

Point of Contact:

Position / Title: Logistics

Fax:

Phone: 5308793908 E-Mail: eoclogisticstop@gmail.com

Alt Phone:

Alternate Point of Contact: Bryan Johnson

Position / Title: Logistics

Phone: 5308793908

Alt Phone:

Fax: E-Mail: eoclogisticstop@gmail.com

Resource Requested

FILLED - Public Information Officer - Town of Paradise Position:

Quantity: Start Date/Time:

11/27/2018 08:00:00 End Date/Time: 12/04/2018 08:00:00

Shift: Day Security Clearance: No

Tasks to be performed: Any special skills / certifications / licenses / No

credentials required? EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

TASKS: serve as the central coordination point for all releases including social media, ensure public receives information about procedures, advisories, and other vital information. SKILLS: CSTI credential preferred. EQUIPMENT: bring vehicle, laptop, and follow EMMA packing list. Meals and lodging provided. ORDERED: through Post event MOU/MOA.

Check-in Location Information

Check-in Location Address: 901 fir st chico Latitude / Longitude: 27.886386 / -80.517367 24 Hour Phone Number: 6504445350

Point of Contact Name: Cy Cary Point of Contact Title: Logistics Cell Phone: 5308793908

Alt Phone:

E-Mail: logisticstop@gmail.com

Expected Working Conditions

Special health or environmental concerns in None the assignment area? Hardship living conditions

(Lack of power or potable sleeping on cots, community bath/shower

water, etc.)? Special housing / transportation instructions:

Providing Jurisdiction Information

Providing Jurisdiction Name: Humboldt 24 Hour Phone Number: 707-273-3500

EMMA Coordinator /

PRIMARY Point of Contact Dorie Lanni

Name:

Humboldt - OP AREA - LOG Position / Title:

Fax:

Section Chief

Phone: 707-273-3500

Alt Phone:

E-Mail: dlanni@co.humboldt.ca.us

Alternate Point of Contact

(Optional):

Position / Title: Fax:

Phone: F-Mail

Alt Phone:

EMMA Resource Candidate ☑ This Candidate has been Accepted. Name: Meriah Miracle Cell: 707-296-5575 Alt Phone: Available for the period specified in the corresponding mmiracle@co.humboldt.ca.us E-Mail: EMMA Form 1A? Able to perform requested Yes Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions? Experience / EOC Position t EOC Credentials: Special Skills / Certifications / Licenses: Originating Location (City Eureka, Humboldt County and County): Estimated travel time to 4.5 hour drive check-in location: Special accommodations required:

Cell Phone:

Available Wednesday, November 28 at 1000.

Alt Phone:

Providing Jurisdiction Information Providing Jurisdiction Name: Sonoma 24 Hour Phone Number: 7073249410 EMMA Coordinator / PRIMARY Point of Contact Brentt L Blaser Name: Sonoma - OP AREA - LOG Position / ,Title: Phone: 7075656160 Alt Phone: Section Chief E-Mail: Brentt.Blaser@gmail.com Fax: Alternate Point of Contact (Optional): Phone: Position / Title: Alt Phone: Fax: E-Mail: EMMA Resource Candidate This Candidate has been Accepted. Name: Kelsey Scanlon Cell Alt Phone: Available for the period specified in the corresponding E-Mail: scanlonk@co.monterey.ca.us EMMA Form 1A? Able to perform requested Yes Security Clearance (If applicable)? tasks? Equipment needed for Has been made aware of the expected Yes deployment is available? working conditions? Experience / EOC Position Credentials: Special Skills / Certifications / Licenses: Originating Location (City Salinas, Monterey County and County): Estimated travel time to 5 hours 30 minutes check-in location: Special accommodations None required: Emergency Contact Name: Relationship: Cell Phone: Alt Phone:

Providing Jurisdiction Information Providing Jurisdiction Name: Santa Clara 24 Hour Phone Number: EMMA Coordinator / PRIMARY Point of Contact Jay McAmis Name: Santa Clara - OP AREA -Position / Title: Phone: Office (408) 808-7803 Alt Phone: LOG Personnel Fax: E-Mail: Alternate Point of Contact (Optional): Position / Title: Phone: Alt Phone: Fax: E-Mail:

complete the reimbursement application if they desire compensation.

EMMA Resource Candidate

Name:

E-Mail:

Additional Comments

Emergency Contact Name:

Additional Comments

Relationship:

☑ This Candidate has been Accepted.

Patty Eaton Cell: 408-386-3055

Alt Phone: Available for the period specified in the corresponding patty.eaton@oes.sccgov.org EMMA Form 1A?

entered int CalEOC by Sonoma County Staff, but the offer is being made by Monterey County. Monterey will need to

Able to perform requested

tasks?

Yes Yes

Security Clearance (If applicable)?

Equipment needed for

deployment is available?

Has been made aware of the expected working conditions?

Experience / EOC Position Credentials:

Special Skills /

and County):

Certifications / Licenses:

Originating Location (City

San Jose, Santa Clara County

Estimated travel time to check-in location:

Special accommodations

4 hours N/A

required:

Relationship:

Emergency Contact Name:

Additional Comments

Cell Phone:

Alt Phone:

Providing Jurisdiction Information

Providing Jurisdiction Name:

City of Costa Mesa / Costa Mesa Police Department

24 Hour Phone Number:

714-628-7008

EMMA Coordinator /

PRIMARY Point of Contact

Michelle Anderson

Name^{*}

Position / Title:

Deputy Emergency Management Director

Phone: 714-715-1316

E-Mail: manderson@ocsd.org

Alt Phone:

Fax:

Fax:

Alternate Point of Contact

Alt Phone:

(Optional):

Position / Title:

Phone:

E-Mail:

EMMA Resource Candidate

Name:

Roxi Fyad

Cell: 714-313-2077

Alt Phone:

RFYAD@costamesaca.gov

Available for the period specified in the corresponding EMMA Form 1A?

Able to perform requested tasks?

Equipment needed for

deployment is available? Experience / EOC Position Yes Yes

Costa Mesa, CA

5pm, November 27, 2018

Security Clearance (If applicable)? Has been made aware of the expected

working conditions?

Credentials:

Special Skills /

Certifications / Licenses:

Originating Location (City

and County):

Estimated travel time to

check-in location:

Special accommodations required:

Emergency Contact Name:

Additional Comments

Relationship:

Cell Phone:

Alt Phone:

Flight to Sacramento/Drive to Paradise

Providing Jurisdiction Information

Providing Jurisdiction Name: San Diego County 24 Hour Phone Number:

8586889970

EMMA Coordinator /

PRIMARY Point of Contact Bennett Cummings

Name:

Position / Title:

San Diego - OP AREA - LOG

Phone: 8585655594

Alt Phone:

Fax:

Personnel

E-Mail: Bennett.cummings@sdcounty.ca.gov

Alternate Point of Contact

(Optional):

Fax:

Position / Title:

Phone: E-Mail:

Alt Phone:

EMMA Resource Candidate

Name:

Michelle Mowad

E-Mail:

michelle.mowad@sdcounty.ca.gov

Cell: 6194814309

Alt Phone: Available for the period specified in the corresponding No

EMMA Form 1A?

Able to perform requested

Yes

Security Clearance (If applicable)?

Equipment needed for deployment is available? Experience / EOC Position

Certifications / Licenses:

Credentials: Special Skills / Yes

Has been made aware of the expected Yes working conditions?

Originating Location (City

and County):

San Diego, San Diego

Estimated travel time to

check-in location:

10 hour drive

Special accommodations

required:

Emergency Contact Name:

Relationship:

Cell Phone:

Alt Phone:

Additional Comments

Resource not available until Thursday, which would be for travel, with an EOC start of Friday 11/30.

Providing Jurisdiction Information

Providing Jurisdiction Name: Alameda 24 Hour Phone Number:

EMMA Coordinator /

5105799759

PRIMARY Point of Contact

Domingo Cabrera

Name:

Position / Title:

Alameda - OP AREA - LOG Resources (EF-07)

Phone: 5105799759

Alt Phone:

Fax: Alternate Point of Contact

(Optional):

Position / Title:

Phone:

E-Mail: dcabrerajr@acgov.org

E-Mail: cabreradj24@gmail.com

EMMA Resource Candidate

Sharene Gonzales

Cell: 209.598.5250

Alt Phone:

Alt Phone:

E-Mail:

Sharene.Gonzales@acwd.com

Available for the period specified in the corresponding

EMMA Form 1A?

Able to perform requested

tasks?

Fax:

Security Clearance (If applicable)?

Equipment needed for

deployment is available?

Yes

Fremont

Has been made aware of the expected Yes working conditions?

Experience / EOC Position

Credentials:

Special Skills /

Certifications / Licenses:

Originating Location (City

and County):

Estimated travel time to check-in location:

Special accommodations required:

Emergency Contact Name:

Relationship:

Cell Phone

Alt Phone:

Disaster response experience

Additional Comments

ACWD PIO during an emergency response to a large sink hole. ACWD PIO during an emergency response to flooding of a local creek.

Available 1-10 Days

Back

Originated by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief

Originated date: 11/26/2018 10:56:21

Last Edited by: elise.arata@caloes.ca.gov as Butte - OP AREA - LOG Section Chief

Last Edited date: 11/26/2018 20:06:57

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: The November Assignment Location (EOC, Composition/Task: P(O: common Shift (Day / Night): The Number of Shifts (In days, do not in the Incident Name of Shifts (In days) (Incident Name of Shifts (In days))			IC; Field	
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition) 	Excellent Excellent Excellent Excellent nal page if necess	Good Good Good ary):	☐ Poor ☐ Poor ☐ Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent and page if necessa	☐ Good ☐ Good ☐ Good ☐ Good ☐ Good	Poor Poor Poor Poor	₽N/A
 C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an addition 	Excellent Excellent Excellent Excellent al page if necessar	Good Good Good Good	Poor Poor Poor Poor	
D. General Comments/Suggesti CHP accommodations		ing. icient an	d suppor	tive.

EMMA FOR	M 5 - INDIVID	UAL DEMOBILIZATION (CHECKOUT
1. Incident Name/Number	1 Dogg	2. Date/Time (Of Release Notification)	3. Arrival Date/Time
2018 November Wildfires 4. Name of Released		12/2/18 1200	12/4/18 1730
Meriah	Miracle	5. Position of Released PID	
(Returning via Airline Name & Flig			
6. Transportation Type 7. Actual Release Date/Time	Zental car		
12/4/18 1200	8. MRT #	ssion Tasking Number)	
9. Destination (Location Agreed	Jpon) 10. Notif	ied: Agency { Region { } Area { }	Dispatch ()
Evreka, CA	(check on	e, list information below)	()
	Name:	teather Muller	
11.Cell Phone or Emergency Conta	Time:	100	N N
11.cen Fhone of Emergency Conta		2121.4	
12 ENGRAD Constitution (D.	Date:	<u>-13/18</u>	
12. EMMA Coordinator Name (Pro	oviding Jurisdiction) ' [drie Lanni	
		Unit/Personnel	
You have been released subject to	sign off from the followi	ng:	
(Demobilization Unit Leader check Logistics Section	The state of the s	ment and Sign Off	
/		intary Performance Rating Copy Provided?	V N /
M EMMA Coordinator	EMMA Form 4 - Exit S	Survey Provided? Y N	' N/
Supply Unit		0	W
Communications Unit			
Facilities Unit			
Ground Support Unit		1000	
lans/Intel Section	Comm	ent and Sign Off	
Documentation Unit		1 KM	
nance/Admin Section	Comm	ant and size off	
Time Unit	Comm	ent and Sign Off	
ther			A-100-
}	Comm	ent and Sign Off	
,			
}			
. Remarks			
		9	
Prepared by (include Date and Tim	e) Mercal A	1	
	1 Levian 1	livalle	

CREDENTIALING ICS 225 - POSITION PERFORMANCE RATING FORM

Position Performance Rating Form (ICS 225)

Decision C. 1 at 11 7 17			-		and the same of th	
Position Credentialing Incident Response	Instructions	s: The in	nmedi	ate sup	ervisor	will
and Exercise Performance Rating	prepare this	form fo	r a su	bordina	te pers	on
	Rating will b	oe reviev	ved w	ith the	ndividi	ual who
Revised ICS form 225	will sign and	a date the	e form	ı. The i	ndividu	al who
	is being revi may be used	ewed WI	ш гета	un this	locume	nt so it
	credentialing	as uucu	menu	ition fo	r positi	on
Name:	Incident/Exe		me			
MERIAH MIRACLE	CAMP	FIRE				
Incident/Exercise Address:	Date(s) of Po	sition A	ssignr	nent:		
PARADISE, CA	11/28 -	12/4	18)		
ICS Position Held:	Agency Posit	ion:				
	Public	EDUC	TA	ION	OFF	ICER
Incident/Exercise Type:						
Responding to a complex, multi-agency	incident, actua	ılly fillin	g the j	osition	l	
☐ Filling the position in a multi-agency exe	ercise		4.	3 3	4	
\square Mentoring under a person filling the pos	ition					
List main duties from the position checklist on which the	4/2 AS	10 %		Perfori	nance l	Levels
be rated. Enter X appropriate column indicating the indi	position will	2	l e			
of performance for each duty listed	viduai 3 level	dd	tab		OITS) ji
	*	s sent	ceb	to	acte	ds
		Did not apply at this incident	Unacceptable	Need to Improve	Fully Satisfactory	Exceeds Satisfactory
Canada		DEF	Ď	ZE	F S	R S
SOCIAL MEDIA						X
MEDIA		X				
PLAN DEVELOPMENT		, <u> </u>				X
COMMUNICATION MONITOR	ING					X
PUBLIC MEETINGS						X
MESSAGE PRODUCTION						X
By Control of the Con						
OVERALL JOB PERFORMANCE			\exists		$\neg +$	X
emarks:						\sim
SSIGNMENT EFFICIENTLY.	AND HA	MUDLI	ED	EAC	Н	
his rating has been discussed with me (signature of	individual beir	o rated		Date		
11/1 1/1/2		16 Tutcuj		12/	4/10	
RANDON VACCARD					1118	
HLIFORNIA CITY F.D.						
CITY F.D.						
1	7-7-030-0-1		-			

ICS 225

Cal OES CSTI

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4		0 49	100	200

Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 1/28/1% 1747 Page _/ of/_
Operational Period: #16	Op Period: From: Date: 1/26/18 Time: 0600 To: Date: 1/30/18 Time: 0600
Unit Name/Designator: PID	Unit Leader (Name & Position):

TIME	Activity / Events
0/30	Intransit to Paradise Eoc from Eweby, ct Checked in @ Eoc/assigned to P10,
1420	Checked in @ EOC/assigned to P10,
國1735	Briefing
1800	Shift concluded
* 1	

Prepared by: Meriah Miracle	Agency Name: Humboldt Country	EOC Position:
	FILID	11-

Incident Name O E B		Paradise EUC ICS 214
Incident Name: Camp Fire - Paradise EOC	Date/Time Prepared: 1/29/19/5	Page / of /
Operational Period: #18	Op Period: From: Date: 1/28/18 Time: 0600 To: D	00 0
Unit Name/Designator: PIO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate: 1/50/18 Time: 0600
410	Unit Leader (Name & Position): Brandon	Vaccavo Lead PIO

TIME	Activity / Events
0710	
0800	
083	
0930	Drieting from DROC Lead
1015	TOTO PRICITY
1130	Ovoville DRC-evaluate communications meds
1215	tlash flooding on SR99 delayed transit
1420	Chico DRC - evaluate communications needs - home logue messer :
1515	Lesure auties in FDC
1543	Concellation of community meeting messaging
1730	Lebriet
1810	Checked out of tax

Prepared by:	
Meriah	Miracle
Town of Paradica FOC IC	25 714

Unit Log

Incident Name: Camp Fire - Paradise EOC		Paradise EOC ICS 214
	Date/Time Prepared: 11/30 18 30	Page 1 of /
Operational Period: #19	Op Period: From: Date: 1//28/156 Time: 0600 To: Date:	11/2-/10/ Time: 0500
Unit Name/Designator: EOC P10	Unit Leader (Name & Position): Matt Gra	750/18 mile. 0000
	1 (0-1) O7A	TES Lead YIU

TIME	Activity / Frank
0650	Report to EOC; evaluate gocial media proble prechannel
	Missaging for previous day
0505	A DI
0930	Assigned to Rute County Joint Informations Center
012	Trouved assignment (o) Butte (our ty 11)
	developed Mental Man His and la laguaria
	Median the shope time conditions will all a no
	1 1/0/17/11 10/17/1 - 3/0/10/1 10/10/10/10/10/10/10/10/10/10/10/10/10/1
	coordinate and respond to media inquiries;
	Therenes ()
1315	lunch.
1330	
1645	Video occapitation in St.
100	Video production in Paradise; re-entry PPE
	The file of the fi
1/120	Hazard awareness
1830	Sign out of Pavadise EOC

Prepared by:	11	Agonous N		
Prepared by: Meriah	Miracle	Agency Name: Humbold Hounty DHHS	EOC Position:	
Town of Paradise EOC ICS 214		I HUMBOLATIONNY YMMS	710	
214				

Unit Log

Incident Name: Camp Fire - Paradise EOC		Paradise EOC ICS 214
	Date/Time Prepared:	Page / of /
Operational Period: #19	Op Period: From: Date:12/1/16 Time: 0600 To: Date:	(2-/2/18 Time: 0600
Unit Name/Designator: 7/0	Unit Leader (Name & Position): Matt Ga	tes Lead PIO

TIME	Activity / Events
0710	Checker in to Paradise Ex
	5 Briefing from Depty PID
0810	There is a series of the serie
0.0	The first of the contract of t
1000	The world in whodaha at
1000	THE WOOD IN WAS ENT TO THE PERSON OF THE PER
107.6	to releting, community relations.
1330	Meeting concluded in transit to Butte Church 111
1340	Linch
1345	Resume transit & JIC
1530	checked in to Fethe Country 11/
	with town of Paradise residents; answered evan 15.
	connect residents to resources information about
	resources intormation about
1845	
	Raradise EOC Checked out of Paradise EOC Checked out of Paradise EOC
91925	Maradise Coc
- 1 1 100	Chicago put of Yaradisc ECC

Prepared by:		
Prepared by Meriah Miracle	Agency, Name: Why DHHS	EOC Position:
Town of Paradise EOC ICS 214	1 Flumbolat lounty UMMS	T +10
CSC Socialization (second and dependence). And the second and second of the second and s	1	

EOC UNIT LOG	1. Event Name	2. Date Prepared	3. Time Prepared	
4 Cartina Na	Camp Tirp	12/2/18	19:12	
4. Section Name	5. Unit Leader / Section Ci	nief	6. Operational Period	
710	MattGates		#19 12/1/18-12/	- las
7 Roster for Assigned EOC Branch F	Personnel		11/18-1	2/18
Name	Positio	n	Department / Ager	
Meriah Miracle	Cin			*Cy
CHECK WALL	++10		Humboldt County	PHHO
			r .	
P Continue I I hair Aut. it. 1			1	
B Section I Unit Activity Log				
0747- (10000		Major Events		
Checker	Linto EOC			
0195 Break	fast			
0/50		review		
0830 intra	ust to Butte Con	nty 110		
0905 Check	ed in to Butte	County JIC		
0930 JICB	rieting and t	auston-		1
to To	un of Paradise	resident	anning; (estone	
	ns social me		ana 18; comm	Y iny
Plann	10	100017	community mes.	My9'
	immications &		Provit developmen	70
3357610 Break	-	all		
1620 Resume	doce-	120		
915 Checker	of assignment	in JIC		
Paradise	and of sutte	2 County JIC	in transt to)
950 Checked	EOC I		./	
The Crea	ou si kradi	se Ecc		
	,			
		,		
		ACCES (100 Ed., 107 ed.)		
repared by (Name and Position) /			antyDHHS, Plo	

Unit Log

Incident Name: Camp Fire - Paradise EOC

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC ICS 214

Incident Name: Camp Fire - Paradise EOC

Incident Name: Camp F

TIME	Activity / Events
0730	Checked into Paradise EOC. perform various tasks related to public information; Public Service
	related 1 / 1 / Perform various tasks
	1 Public internation; Public Service
	production; developed taking
	points for press conference; transition planning for EOC deactivation and personal
	demobilization
17200	
035	Lunch
1200	resumed tocassignment
830	Resumed tol assignment Checked out of Pavadise EX

Prepared by: 1 1 1 /	Agency Name	
Prepared by: Meriah Miracle	Agency Name; tumboldt Gunty DHHS	EOC Position: 2/0
Town of Paradise EOC ICS 214	1 TOTALIST COUNTY VITTIS	110
	,	

Unit Log		:	Paradise EOC ICS 21
Incident Name: 2018 November Wil	dfives	Date/Time Prepared: 12/4/18 /006	Page/_ of/
Operational Period #: # 20	Op Period Date	From: 12/3/18	To: 12/4/18
Unit Name/Designator: PID	Unit	Leader (Name & Position) MAH G	ates Lead Plo
TIME	Activi	ty / Events	
0610 Checked in to 7	Paradise Fo) <u></u>	
0630 Debrief			
	ning: Don	nobilization	
0930 Clean out don	-0'	001/1221/07/	
1000 Resume assignmen	1		
1045 Checked of of	101	EOC; in transi	1 1
Eureka, CA	(avadisc	in transi	7 76
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Prepared By: Meriah Miracle	Agency Name: Humbold + County DHHS	EOC Position: P/D
Town of Paradice FOC ICS 214	131 -	

Lunch Time REG CTE OT HOL SICK VAC COMP FSL ADIW Outlin OUT HRS WRRD COMP FSL ADIW 1720-1235 (430 % 2	11000	BRANCH:	: 07	445				DIV/BU	DIVIBU:	Din	17	2 = 2	10101	2 "
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DHHS-01 (04/16/12)

Employee's signature reflects accuracy of hours reported and Supervisors signature verifies

Oug to FS MA

EMPLOYEE OVERTIME/ADDITIONAL HOURS EXPLANATION

DATE	TIME	DESCRIPTION	CASE	TOTAL SUPV.	SUPV.
	FROM - TO		INITIALS or #	HOURS INIT.	NI.
72	745am- 750 pm	Buth county five response		2	
12/3	720 am -	Touth County five response			The second secon
12/4	600 am -	Butte Courty fixe response - travel from		6	

Dept of Health & Human Services Payroll Correction Form Branch: + Budget Unit #: Employee Name: Employee #: (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 11/2% PPE Date: 12 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From 7:30 (am)/pm To 3:20 Lunch time taken: From am/pm To am/pm If Overtime/Comp time occurred: From 3:30 0:00 am/pm) To am/nm Explanation of Overtime/Comp time: Put PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE Employee Signature: Supervisor Signature: DHHS - 26 (8/10/2012) Dept of Health & Human Services Payroll Correction Form Branch: Budget Unit #: Employee Name: Employee #: (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: PPE Date: # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From () 7:10 am/pm To amom Lunch time taken: From am/pm To am/pm am/om To

If Overtime/Comp time occurred: From 3:/0 am/pm To 6:/0 am/pm

Explanation of Overtime/Comp time: But County File (LSponsl - P/D)

PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE

Employee Signature: Date: 12-10-18

DHHS - 26 (8/10/2012)

Dept of Health & Human Services Payroll Correction Form
Date: 12/7/18 Branch: Admin Budget Unit #: 5//
Employee Name: Mexical Miracle Employee #: M8075
1. Actual Date of Occurrence: 11/30/18 PPE Date: 12/1/16
of hours & type of hours recorded on timecard or previous change: Syeque (if shift differential occurred please include shift worked)
Correct # of hours & type of hours that should have been recorded: 6/69/4/3.50T (if shift differential occurred please include shift worked)
Regular/Extra Help hours worked: From 6:50 am/pm To 2:50 am/pm
Lunch time taken: From am/pm To am/pm
If Overtime/Comp time occurred: From 2.50 am/pm To 6.30 am/pm
Explanation of Overtime/Comp time: Buttle County Five Regon & F/V
PLEASE ATTACH FAMILY SICK/DEATH FORM IF APPLICABLE
Employee Signature: 12/7/18 Date: 12/7/18
Supervisor Signature: 12-7-18 DHHS - 26 (8/10/2012) Date: 12-7-18
Dept of Health & Human Services Payroll Correction Form
Dept of Health & Human Services Payroll Correction Form Date: 12/7/14 Branch: Admin Budget Unit #: 5//
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meriah Miracle Employee #: M8095
Date: 12/7/18 Branch: Admin Budget Unit #: 5//
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meviah Miracle Employee #: M8095 (Do not use SAL code or Dist #)
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meriah Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/18 # of hours & type of hours recorded on timecard or previous change:
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meviah Mivace Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: 12/2507
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meran Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: 22507 (if shift differential occurred please include shift worked)
Date: 12/7/18 Branch: Admin Budget Unit #: 5// Employee Name: Meyiah Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From am/pm To am/pm
Date: 12/7/14 Branch: Admin Budget Unit #: 5// Employee Name: Meriah Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/14 PPE Date: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: 12/25/01 (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From am/pm To am/pm Lunch time taken: From am/pm To am/pm
Date: 12/7 14 Branch: Admin Budget Unit #: 5// Employee Name: Meriah Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/14 PPE Date: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From am/pm To am/pm Lunch time taken: From am/pm To am/pm If Overtime/Comp time occurred: From 7:10 am/pm To 3 am/pm
Date: 12/7/14 Branch: Adwin Budget Unit #: 5// Employee Name: Meria Miracle Employee #: M8095 (Do not use SAL code or Dist #) 1. Actual Date of Occurrence: 12/1/18 # of hours & type of hours recorded on timecard or previous change: (if shift differential occurred please include shift worked) Correct # of hours & type of hours that should have been recorded: 12 25 07 (if shift differential occurred please include shift worked) Regular/Extra Help hours worked: From am/pm To am/pm Lunch time taken: From am/pm To am/pm If Overtime/Comp time occurred: From 7:// am/pm To 3 am/pm Explanation of Overtime/Comp time: Battle County Are responsed.

DHHS - 26 (8/10/2012)

County of Humbold

DIRECT DEPOSIT RECEIPT

1801026

Period

11/2018		Step			Amount				2,149,65						Total Deductions 3,386.70
Issue Date 12/21/2018		Salary Range		DEDUCTIONS	Description			41.51 PERS MISCELLANEOUS	1,344.48 DIRECT ACH DEPOSIT	FEDERAL INCOME TAX	CA STATE INCOME TAX	25.01 FICA	MEDICARE	STATE DISABILITY INS	
	Payroll Period	End	12/15/2018		Amount	/200//	1,975.70	41.51	1,344.48			25.01			Gross Pay 3,386.70
	Payro	Begin	12/02/2018	FRIBUTIONS	Rate	391B29/ A/1100/	25.00888	25.00888	37.51332			25.00888			
MIRACLE, MERIAH LYNNE	State	Status Exemption:	S 1	PAY & DIRECT CONTRIBUTIONS	Hours	PM(47031) 1160511/5110391B29/ A/1100/200//	79.00000	1.66000	35.84000	3.69200	3.69200	1.00000			Total Hours 117.50000
MIRACL	Federal	Status Exemption:			Description	115 11	SALARY	OVERTIME	OVERTIME 1.5	SICK ACCRUAL	VACATION ACCRUAL	FAMILY SICK TAKEN			

COUNTY OF HUMBOLDT EXPENSE VOUCHER	LY OF	HUMBC	CLDT	EXPE	NSE VC	NCHE	بر م			z	N) Tracking# 36218	3# 36218		
A) Include Original Receipts with Expense Voucher	Expens	e Voucher	8.	B) DH	B) DHHS Branch/Division + AMIN	/Division	10	2,2	151	//				
Olympian Manual Manual Completion of the Complet		17.11V	0/1		1					 Budget Numbers 	umbers			
C) Claimaints Manne.	22	2 - 2	77		Non-Employee	ployee			<u> </u>				€	
0) Denartmental Address: (ctroot	(J.	_										₩	
D) Departification Address (street)	3	17	3									<u></u>	∽	
(city)	11126	Freha, CA-	1 1	4550	/ (zip)		10556						8	
E) Purpose:		,				G) Phone#:	ne#:						49	
Date Locations & Time			Transport	ortation					1					
of Dep. & Return	Co. Car		Private Car	L	Other	ıer		Meals		Lodging	Other Expenses	chenses	Totals	
	Š	Lic. No.	Miles	Amt.	Description	n Amt.	В	_	۵	Amount	Description	Amt.	Daily Exp.	
(1) (2)	(9)	(4)	(2)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)		(15)	
1/28 /A 0900-1400					Certal Sector	345		14	23				2%:7	
11/29 Travel Blu Chicochain								4			Gas	269	40.91	
1/30 Norkinginfield								4					1-4	
17/ They by and 18/00/10, of and							\bar{w}	4	23		Gas	73.49	73.49	
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0/4 Travel from Chico, 0475.							13	14			Gas	18.28	45:28	
75 rental carretura											Gas	25.25	15:25	
16) Tota	al Travel	16) Total Travel Expense				349.7.39		\$	69			93.93		
						in (ex		-	7) Less Ti	avel Advanc	17) Less Travel Advance received (if applicable)	applicable)		
											18	18) Total Due	635.64	

H) This claim includes additional expenses for the following people:

I) The travel expenses listed above were expended by me and were necessary in accordance with the Travel Policy of Humboldt County. The undersigned, under penalty of perjury, states that the items listed on the above claim are true and correct, that the amounts are properly due this claimant, that no items have been previously paid.

Memorandum of Understanding, Section V, County Travel Policy reads: Travel claims shall be submitted within 30 days of incurring the expense unless an exception is made by the department head and Auditor. Travel claims originating in June are due to the Auditor no later than 14 days after June 30th.

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S/101/2)	/Dafe
W/////////////////////////////////////	/d/Signatiure/of/Claimant

-	Date
	Supervisor/Manager Approval

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Date

Date
M) Financial Services

Claims should be received within 15 days from date of each activity.

From: To: Meriah Miracle

Subject:

Miracle, Meriah

Date:

Fwd: ENTERPRISE Rental Agreement 45Y7JY Thursday, December 6, 2018 11:59:14 AM

Subject: ENTERPRISE Rental Agreement 45Y7JY

To:

?

RA #: 45Y7JY

Renter: MIRACLE, MERIAH

Dates & Times	Location
Pickup	110 5TH STREET
Nov 28, 2018	EUREKA, CA 95501-0328
7:49 AM	7074433366

Return Dec 05, 2018 12:20 PM

110 5TH STREET EUREKA, CA 95501-0328 7074433366

Vehicle

Make/Model: TOYO/CORO

Color: SILVER Mileage: 822 Fuel Out: Full

Fuel In: Full

License: 8AGF979 Unit #: 7PFK2D

Vehicle #: JC988667

	Vernete W. Jegobe	,0,
Charges	Price/Unit	Total
TIME & DISTANCE 11/28 - 12/05	1 @ \$259.99/WEEK	\$259.99
TIME & DISTANCE 12/05 - 12/05	1 @ \$52.00/DAY	\$52.00
VEHICLE LICENSE RECOVERY FEE	8 @ \$1.40/DAY	\$11.20
SALES TAX	8.5000%	\$26.52
	Total Charges:	\$349.71
	Charge To:	
2018-12-05 12:21:54		

Meriah Miracle

Gas Paceipts
Bute Court Five Response

	UALERO	_	A NICE DAY	CA	
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5	ш	¥	Z	Oroville	95965
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_	OROUILLE	F	HAUE	07.	

Thanks You Shopping Quik Stop 1400 E Main St CA Woodland Term: 001458059

Term: Appr:

12:12

A CA 95501 HARRIS ST

IN CENTER PATRIO

Visa Credit

A0000000031010

83499106DB691DA3

7.562 3.559 26.91 \$26.91 DATE 11/29/18 11:16 TRAN# 9835899 SERVICE LEVEL: SELF PRODUCT: UNLEADED FUEL SALE CREDIT PRICE/G: GALLONS: PUMP# 63

\$3.199 \$3.199 \$23.49

Unld_Regular Volume PRICE/G GAS TOTAL

\$23.49

Entry Metnow. Auth #: 029681

Stan: 08392097580 Invoice #: 827318 Resp Code:

I agree to pay the above Total Amount according to Card Issuer Agreement.

12/01/2018 13:37:29

Store # ******** ***

SITE ID: 627063

TERMINAL ID: 002

HAUE A NICE DAY THANK YOU

THANK YOU		rovide feedback
SALE AMOUNT		ounts! Enter to
		orkstation ID: 00
d 6.826G \$		erm ID: 2 IP ENTERED
Product Oty Price		AIPE Exp.Date:**/** atch: 70 Seq Num: 36
Mode;	! !	OMPI ETTON
Entry Method:	\$ 18.28	REDIT
Approval Code:	\$ 18.28	:UEL TOTAL
Trans #:	₹3.399	'KICE/GAL
SEQ #:	5.3786	REGULAR
TC: 83499		VIIMP# 2
	4181921	3361
AID: A00	384216	NUTH 88-884
Chip Card:		L
Network:		
Card #		
VISA SALE	861832765	(8:22:33 AM
CREDIT CARD	, CA	HICO
12/05/2018	ш	19463985
414 HARRIS ST EUREKA CA 955	FOOD MAR	HICO SUPER
HENDERSON CENTER PA	. CHICO .CA 95926	CIRCLEK 481EAST AVE, CHICO .(A 95926

1026 005680

Chip Read Issuer

Amount \$25.25

\$25.25

CUSTOMER COPY

^TEAR HERE^

INVOICE # **AMOUNT** ACCOUNT # DESCRIPTION 1128-120518 635.64

Disaster Work - CampFire

1160511

TOTAL CHECK *****635.64

COUNTY OF HUMBOLDT EUREKA, CALIFORNIA 95501

If necessary to inquire about this check, refer to

VNM101424

VENDOR: (707) 476-2461 CHECK

922595

PHONE:

NUMBER

CONTRACT WORK SUMMARY RECORD	UMMARY REC	ORD			
Applicant	GPS N	FEMAID	PW#	CDAA Disaster	FEMA Disaster#
Meriah Miracle					4407DR-CA
Location/Site	GPS W	CDAAID	Category	Period Covering	vering
Town of Paradise Emergency Operations Center - Chico, CA				11/28/2018 to 12/4/2018	12/4/2018
Description of Work Performed	ork Performed:				

11/28 to 12/4/2 11/28 to 12/4/2 11/28 to 12/4/2		Number		adore - summon
	Meriah Miracle, Humboldt County Department of 12/4/2018 Health & Human Services		\$ 635.64	Expenses accrued - Town of Paradise EOC 635.64 EMMA request and response - see
to	Meriah Miracle, Humboldt County Department of 12/4/2018 Health & Human Services		\$ 1,000.00	Regular Wages earned - Town of Paradise EOC EMMA request and response 140
	Meriah Miracle, Humboldt County Department of 12/4/2018 Health & Human Services		\$ 1,385.98	Overtime Wages earned - Town of Paradise EOC EMMA request and resnonse
to				
		Total This Page	\$ 3,021.62	
	I		\$ 3.021.62	

Page 1

Date

Title

Certified

		CONTRACT WORK SUMMARY RECORD	SUMMARY REC	ORD			
		Applicant Meriah Miracle	GPS N	FEMAID	PW#	CDAA Disaster	FEMA Disaster#
		Location/Site	GPS W	CDAA ID	Category	Period Covering	rering
Town of	Paradise Emergency	Town of Paradise Emergency Operations Center - Chico, CA				11/28/2018 to	12/4/2018
		Description of Work Performed:	ork Performed:				
			a al alterna				
Da	Dates Worked	Contractor	Billing/Invoice Number	Amount	Com	Comments - Scope	9
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